

QUARTERLY REPORT REQUIREMENTS

1. Project Contact and Coordination Information

- a. Identify the project leader(s) and respective business affiliations.

Ben Standifer, Interim Director Planning & Economic Development, Tohono O'odham Nation
Alex Vavages, CTO, Dept. of Information & Technology, Tohono O'odham Nation
Trina Rodriguez, IT Project Manager, Dept. of Information & Technology, Tohono O'odham Nation

- b. Provide a complete address for postal delivery and the telephone, fax, and e-mail address for the responsible administrative official.

Trina Rodriguez, P.O. Box 2425 Sells, Arizona 85634, and Office: (520)-383-0270,
Fax: (520)-383-0271, trina.rodriguez@tonation-nsn.gov

- c. Identify the organization that is legally and financially responsible for the conduct of activities supported by the award.

The Lead Applicant for the pilot project is the Tohono O'odham Nation, The Department of Information & Technology (DoIT). The Department of Information Technology provides all Information Technology services for the Nation, and has successfully coordinated provision of E-mail services for all departments; assessed the needs of the Nation for improved infrastructure to support the steadily increasing needs including: greatly expanded data management capability for all of the Nation's Department of Health and Human Services divisions; expanding internal and external electronic communication requirements.

- d. Explain how project is being coordinated throughout the state or region.

This project will establish telemedicine services with the following members of the TO Nation and the Telemedicine Partnership Team:

Indian Health Services, Telemedicine Network, Arizona Telemedicine Program, Carondelet Health Network, a member of Ascension Health, Pima County Health Department, Border Health Office, Arizona Department of Health Services.

We have had several meetings with our consortium to discuss the upcoming project and tasks that need to be completed in order to get to this point. Also a Video Conference was held to discuss possible overlapping with another selected participant University of New Mexico Southwest Tele-Health Grid. Tucson Area Indian Health Services was available to discuss their contribution to both projects.

2. Identify all health care facilities included in the network.

The following chart includes all project collaborators participating in the network, the requested information, the Rural Urban Community Area, and role in the project.

Please see attachment: A

- a. Provide address (including county), zip code, Rural Urban Commuting Area (RUCA) code (including primary and secondary), six-digit census tract, and phone number for each health care facility participating in the network.
 - b. For each participating institution, indicate whether it is:
 - I. Public or non-public;
 - II. Not-for-profit or for-profit;
 - III. An eligible health care provider or ineligible health-care provider with an explanation of why the health care facility is eligible under section 254 of the 1996 Act and the Commission's rules or a description of the type of ineligible health care provider entity.
3. Network Narrative: In the first quarterly report following the completion of the competitive bidding process and the selection of vendors, the selected participant must submit an updated technical description of the communications network that it intends to implement, which takes into account the results its network design studies and negotiations with its vendors. This technical description should provide, where applicable:

The Tohono O'odham Nation Department of Information & Technology has not yet reached this point in the 2nd quarter of this project. We are currently reviewing our existing Network and currently working on the process as to how we plan to update our technical communications network that we intend to implement in early 2009 which is identified as task #1 of this project.

We are currently in the process of submitting our first RFP to move forward with identified task #2 for fiber installation for the Sells Department of Health & Human Services complex connecting associated buildings.

At the time of this 2nd Quarter Report: The Department of Information & Technology Chief Technology Officer has been working to obtain a detailed site survey that is needed before a final design, estimate and statement of work can be obtained to submit a RFP for movement on Task #1 in the RHCPP Proposal at this time.

- a. Brief description of the backbone network of the dedicated health care network, e.g., MPLS network, carrier-provided VPN, a SONET ring;
 - b. Explanation of how health care provider sites will connect to (or access) the network, including the access technologies/services and transmission speeds;
 - c. Explanation of how and where the network will connect to a national backbone such as NLR or Internet2;
 - d. Number of miles of fiber construction, and whether the fiber is buried or aerial;
 - e. Special systems or services for network management or maintenance (if applicable) and where such systems reside or are based.
4. List of Connected Health Care Providers: Provide information below for all eligible and non-eligible health care provider sites that, as of the close of the most recent reporting period, are connected to the network and operational.

At the time of this 2nd quarter report no Health Care Providers have been connected to the Tele-Medicine Network.

- a. Health care provider site;
 - b. Eligible provider (Yes/No);
 - c. Type of network connection (e.g., fiber, copper, wireless);
 - d. How connection is provided (e.g., carrier-provided service; self-constructed; leased facility);
 - e. Service and/or speed of connection (e.g., DS1, DS3, DSL, OC3, Metro Ethernet (10 Mbps);
 - f. Gateway to NLR, Internet2, or the Public Internet (Yes/No);
 - g. Site Equipment (e.g., router, switch, SONET ADM, WDM), including manufacturer name and model number.
 - h. Provide a logical diagram or map of the network.
5. Identify the following non-recurring and recurring costs, where applicable shown both as budgeted and actually incurred for the applicable quarter and funding year to-date.

At the time of this 2nd Quarter Report the Tohono O'odham Nation Department of Information & Technology has not incurred any cost with this project. Budgetary figures at this time are the same figures that were submitted in the original proposal.

- a. Network Design:
- b. Network Equipment, including engineering and installation
- c. Infrastructure Deployment/Outside Plant

- I. Engineering
 - II. Construction
 - d. Internet2, NLR, or Public Internet Connection
 - e. Leased Facilities or Tariffed Services
 - f. Network Management, Maintenance, and Operation Costs (not captured elsewhere)
 - g. Other Non-Recurring and Recurring Costs
6. Describe how costs have been apportioned and the sources of the funds to pay them:

At the time of this 2nd Quarter Report the Tohono O'odham Nation Department of Information & Technology has not incurred any cost with this project. Although there has been discussion of the increased cost for infrastructure we are seeking. We are looking at other possible funding options that could be available if needed. This is up for discussion with our Governance Group Committee Meeting to be held October 30, 2008.

- a. Explain how costs are identified, allocated among, and apportioned to both eligible and ineligible network participants.
 - b. Describe the source of funds from:
 - I. Eligible Pilot Program network participants
 - II. Ineligible Pilot Program network participants
 - c. Show contributions from all other sources (e.g., local, state, and federal sources, and other grants).
 - I. Identify source of financial support and anticipated revenues that is paying for costs not covered by the fund and by Pilot Program participants.
 - II. Identify the respective amounts and remaining time for such assistance.
 - d. Explain how the selected participant's minimum 15 percent contribution is helping to achieve both the selected participant's identified goals and objectives and the overarching goals of the Pilot Program.
7. Identify any technical or non-technical requirements or procedures necessary for ineligible entities to connect to the participant's network.

Upon discussion in reference to this project we have identified some of these issues that we for see in the future as the project moves forward once infrastructure gets implemented. These issues will be addressed when we have our first meeting with our Governance Group Committee which is being held Thursday October 30, 2008.

8. Provide an update on the project management plan, detailing:

a, The project's current leadership and management structure and any changes to the management structure since the last data report; and

The project's current leadership and management structure is still under the supervision of **Ben Standifer**, who is now the Interim Director Planning & Economic Development, Tohono O'odham Nation. We have also brought in Alex Vavages, Chief Technology Officer who is now overseeing the Dept. of Information & Technology, Tohono O'odham Nation and point of contact as identified previously Trina Rodriguez, IT Project Manager, Dept. of Information & Technology, Tohono O'odham Nation

b. In the first quarterly report, the selected applicant should provide a detailed project plan and schedule. The schedule must provide a list of key project deliverables or tasks, and their anticipated completion dates. Among the deliverables, participants must indicate the dates when each health care provider site is expected to be connected to the network *and operational*. Subsequent quarterly reports should identify which project deliverables, scheduled for the previous quarter, were met, and which were not met. In the event a project deliverable is not achieved, or the work and deliverables deviate from the work plan, the selected participant must provide an explanation.

Please see attachment of Project 1. Plan

9. Provide detail on whether network is or will become self sustaining. Selected participants should provide an explanation of how network is self sustaining.

The project will be self –sustaining as the infrastructure will enable the Nation's Department of Health and Human Services to implement centralized and electronic client data management, increased ability for third party billing, and increased availability of billable health care services on the Nation. Most Tele-health and telemedicine consultation for health care will be reimbursable to both parties.

The Indian Health Service Tucson area network will be 100% self-sustaining 12 connectivity along with local circuit access will continue to be funded and supported beyond the two year pilot period. Along with the existing Universal Service funded circuits, the Pilot Program establishes funding support for I2 access that would otherwise be extremely costly for Indian Health Services and facilities. The Tucson Area I H S will monitor the project and access improvement for enhanced access to health care resources to I H S and Tribal facilities.

10. Provide detail on how the supported network has advanced telemedicine benefits:

At the time of this 2nd Quarter Report no Tele-Medicine Network is being supported by the RHCPP.

- a. Explain how the supported network has achieved the goals and objectives outlined in selected participant's Pilot Program application;
- b. Explain how the supported network has brought the benefits of innovative tele-health and, in particular, telemedicine services to those areas of the country where the need for those benefits is most acute;
- c. Explain how the supported network has allowed patients access to critically needed medical specialists in a variety of practices without leaving their homes or communities;
- d. Explain how the supported network has allowed health care providers access to government research institutions, and/or academic, public, and private health care institutions that are repositories of medical expertise and information;
- e. Explain how the supported network has allowed health care professional to monitor critically ill patients at multiple locations around the clock, provide access to advanced applications in continuing education and research, and/or enhanced the health care community's ability to provide a rapid and coordinated response in the event of a national crisis.

11. Provide detail on how the supported network has complied with HHS health IT initiatives:

At the time of this 2nd Quarter Report no Tele-Medicine Network is being supported by the RHCPP. Once up and running we will strive to meet the HHS Health IT Initiatives.

- a. Explain how the supported network has used health IT systems and products that meet interoperability standards recognized by the HHS Secretary;
- b. Explain how the supported network has used health IT products certified by the Certification Commission for Healthcare Information Technology;
- c. Explain how the supported network has supported the Nationwide Health Information Network (NHIN) architecture by coordinating activities with organizations performing NHIN trial implementations;
- d. Explain how the supported network has used resources available at HHS's Agency for Healthcare Research and Quality (AHRQ) National Resource Center for Health Information Technology;
- e. Explain how the selected participant has educated themselves concerning the Pandemic and All Hazards Preparedness Act and coordinated with the HHS Assistant Secretary for Public Response as a resource for Tele-health inventory and for the implementation of other preparedness and response initiatives; and
- f. Explain how the supported network has used resources available through HHS's Centers for Disease Control and Prevention (CDC) Public Health

Information Network (PHIN) to facilitate interoperability with public health and emergency organizations.

12. Explain how the selected participants coordinated in the use of their health care networks with the Department of Health and Human Services (HHS) and, in particular, with its Centers for Disease Control and Prevention (CDC) in Instances of national, regional, or local public health emergencies (e.g., pandemics, bioterrorism). In such instances, where feasible, explain how selected participants provided access to their supported networks to HHS, including CDC, and other public health officials.

At the time of this 2nd Quarter Report no Tele-Medicine Network is being supported by the RHCPP. Once the Tele-Medicine Network is in place the selected participants will work to coordinate the use of the health care network with the Department of Health and Human Services and Central Disease.

Tohono O’Odham Telemedicine Partnership

Tohono O’odham Nation:

<u>Name/ Title</u>	<u>Department</u>	<u>Mailing Address</u>	<u>Rural Urban Commuting Area Code</u>	<u>Partnership Activity</u>	
<u>Lead Applicant:</u> Ben Standifer, Chief Information Officer	<i>Department of Information and Technology</i>	P.O. Box 2425 Sells, AZ 85634 520-383-4357	10	Lead Applicant Providing Fiscal Management and Project oversight	NFP
<u>Department of Health and Human Services:</u> Christina Gastellum, Executive Director	<i>Management Of Health</i>	P.O. Box 810 Sells, AZ 85634 520-383-6000	10	Administrative responsibility for the departmental divisions that provide health services	<u>NFP</u>
Juanita Homer, Division Manager	<i>Division of Behavioral Health</i>	P.O. Box 870 Sells, AZ 85634 520-383-6165	10	Provides Behavioral health services for the members of the Tohono O’odham Nation	<u>NFP</u>
Cynthia Norris, Division Manager	<i>Division of Community Health</i>	P.O. Box 810 Sells, AZ 85634 520-383-6200	10	Provides home health care, STD education, domestic violence prevention, well child services for members of the Tohono O’odham Nation	<u>NFP</u>
Dolores Galaz, Division Manger	<i>Division of Health Promotion</i>	P.O. Box 810 Sells, AZ 85634 520-383-6240	10	Provides Diabetes education and prevention services, healthy heart demonstration project, STEPS to reduce asthma and obesity for members of the Tohono, O’odham Nation	<u>NFP</u>

Idaleen Reyes	<i>Division of Senior Services</i>	P.O. Box 810 Sells, AZ 85634 520-383-6240	10	Provision of Meals at Senior Centers, Home-based services, Adult Protective Services, Caregiver Support Groups	<u>NFP</u>
Ed Reina, Department Director	<i>Department of Public Safety</i>	P.O. Box 837 Sells AZ 85634 520-383-8690	10	Includes Tohono O'odham Police and Fire Departments, Coordinates with department of Homeland Security, Border Patrol, Pima County Health Department and Nation's Departments for bioterrorism planning	<u>NFP</u>

Indian Health Services:

<u>Name/ Title</u>	<u>Department</u>	<u>Mailing Address</u>	<u>Rural Urban Commuting Area Code</u>	<u>Partnership Activity</u>	NFP
Wes Old Coyote, CIO- DIST	<i>Tucson Area Indian Health Service</i>	7900 South J. Stock Road Tucson, AZ 85746 520-295-2414	1 Administration 10 Service Delivery	Provides primary health care for tribal members, plus emergency room, psychiatric and health education services	

Carondelet Health Network:

<u>Name/ Title</u>	<u>Department</u>	<u>Mailing Address</u>	<u>Rural Urban Commuting Area Code</u>	<u>Partnership Activity</u>	<u>NFP</u>
Donna Zazworsky, Manager	<i>Diabetes Care Centers</i>	350 N. Wilmot Tucson, AZ 85711 520-873-6553	1	Coordination of CHN Telemedicine & Telediabetes services	
Margaret Edwards, Director	<i>Behavioral Health Services</i>	350 N. Wilmot Tucson, AZ 85711 52-873-6567	1	Coordination of CHN Telebehavioral Health Services	
Rich Polheber, CEO	<i>Holy Cross Hospital</i>	1171 W. Target Range RD Nogales, Arizona 85621- 2497 520-872-7790	1	CHN Border Health Representative	
Gary Coriell	<i>Information Systems Carondelet St. Mary's Hospital</i>	1601 W. St. Mary's RD Tucson, AZ 85745-1682 520-872-6709	1	Telemedicine Network Specialist	
Christina Kelso, community Health Outreach Worker & Telemedicine Site Coordinator	<i>Carondelet Diabetes Care Center</i>	6350 N. Wilmot Tucson, AZ 85711 520-873-3968	1	Coordinate telediabetes services	

Pima County Health Department:

<u>Name/ Title</u>	<u>Department</u>	<u>Mailing Address</u>	<u>Rural Urban Commuting Area Code</u>	<u>Partnership Activity</u>	<u>NFP</u>
Dennis Douglas, Executive Director	Pima County Health Department	3950 S. Country Club, Suite 100 Tucson, AZ 85714 520-243-7735	1	Coordination of telemedicine activities	
Sherry Daniels, Program Manager	Bioterrorism Preparedness Program	3950 S. Country Club, Suite 100 Tucson, AZ 85714	1	Coordination of Bioterrorism Preparedness Activities	

Arizona Department of Health Services: Office of Border Health:

<u>Name/ Title</u>	<u>Department</u>	<u>Mailing Address</u>	<u>Rural Urban Commuting Area Code</u>	<u>Partnership Activity</u>	<u>NFP</u>
Robert Guerrero, Chief	Office of Border Health	4400 E. Broadway, Suite 300 Tucson, AZ 85711 520-770-3110	1 Administration 10 Service Delivery	Border Health Initiatives	

University of Arizona College of Public Health:

<u>Name/ Title</u>	<u>Department</u>	<u>Mailing Address</u>	<u>Rural Urban Commuting Area Code</u>	<u>Partnership Activity</u>	<u>NFP</u>
Juana Castillas, Native American Liaison	<i>Rural Health Office</i>	P.O. Box 245209 Tucson, AZ 85724 520-626-5837	1	Mel And Enid Zuckerman College of Public Health Rural Health Liaison	

Arizona Telemedicine Program:

<u>Name/ Title</u>	<u>Department</u>	<u>Mailing Address</u>	<u>Rural Urban Commuting Area Code</u>	<u>Partnership Activity</u>	
Rick McNeely Co-Director	<i>ATP</i>	The University of Arizona Health Sciences Center P.O. Box 245032 Tucson, AZ 85724-5032 520-626-7343	1	Coordination of Arizona Telemedicine Partnership	
Mike Holcomb	<i>ATP</i>	The University of Arizona Health Sciences Center P.O. Box 245032 Tucson, AZ 85724-5032	1	Network Development	